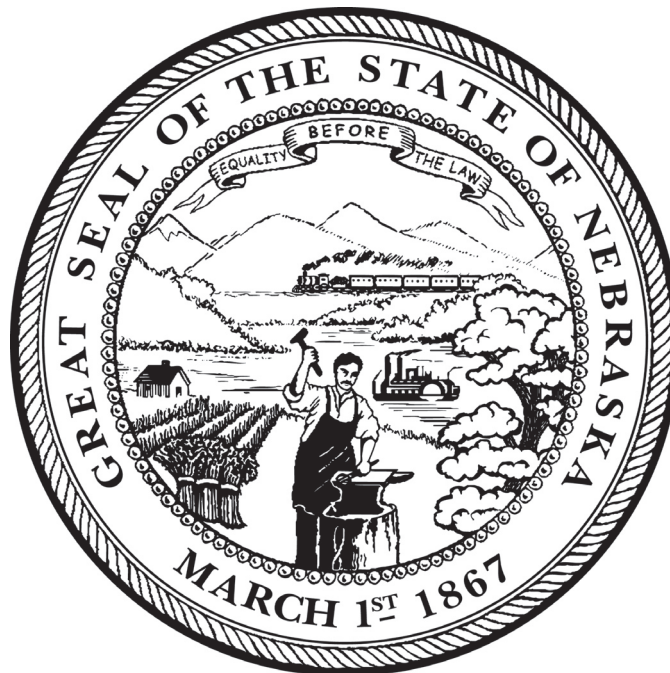


State of Nebraska Health and Human Services System

Finance and Support - Regulation and Licensure - Health and Human Services

Lincoln Regional Center / Norfolk Regional Center / Hastings Regional Center
Beatrice State Developmental Center
Norfolk Veterans Home / Grand Island Veterans Home / Western Nebraska Veterans Home / Thomas Fitzgerald Veterans Home



Notice of Information Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Contact Information

The Health and Human Services System of the State of Nebraska, and those Agencies inclusive of health care facilities and medical assistance programs that are affiliated under the common control of the Nebraska Partnership for Health and Human Services Act, are required by federal law to maintain the privacy of Protected Health Information and to provide notice of its legal duties and privacy practices with respect to Protected Health Information. This notice fulfills the "Notice" requirements of the Health Information Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule. If you have questions about any part of this Notice of Information Privacy practices or desire to have further information concerning information practices at the State of Nebraska, Health and Human Services System please direct them to: The HIPAA Project Management Office, 301 Centennial Mall South - 5th Floor, P.O. Box 95026, Lincoln, Nebraska 68509-5026. By e-mail to hhss.hipaaoffice@hhss.state.ne.us.

This Notice is published and becomes effective: April 14, 2003

This Notice of Information Privacy Practices explains how the State of Nebraska, Health and Human Services System affiliated agencies, medical assistance programs, and care facilities, will use or disclose your Protected Health Information for the purposes of diagnosis, treatment, obtaining payment for your health care bills, or to conduct healthcare operations. Protected Health Information includes records, notes, and reports, diagnostic films, claims, etc. that are individually identifiable.

The Health and Human Services System (HHSS) engages in the following practices involving the use and disclosure of Individually Identifiable Health Information to carry out treatment, payment, and health care operations:

For Treatment: We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health care personnel who are involved in your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that appropriate meals can be prepared. Different agencies within HHSS also may share your medical information in order to coordinate the different things you need, or to support and maintain your continuum of care as you are transferred to facilities within HHSS. We also may disclose medical information about you to people outside the treatment facility who may be involved with your medical care.

Emergencies: We may use or disclose your Protected Health Information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician, or another physician in the practice, is required by law to treat you and the physician has attempted to obtain your consent but is unsuccessful, he or she may still use or disclose your Protected Health Information to treat you.

For Payment: We may use and disclose your medical information so that the treatment and services you receive at a treatment facility may be billed; also, so that payment may be collected from you, an insurance company, or a third party. For example, we may use your medical information from a surgery you received at the hospital so that the hospital can be reimbursed. We may also use your information to obtain prior approval for a treatment you may receive, or, to determine whether a third party will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for medical operations. These uses and disclosures are necessary to make sure all patients receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff which cares for you. We may also combine medical information about many patients to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective. We may also

disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

We may also combine the medical information we have with medical information from other health plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of the patients.

Certain incidental disclosures of Protected Health Information cannot be avoided. For example, information may be exposed when a physician is discussing treatment options or a procedure with a clinician at a nurse station for a member at a Veterans Home. Another member or a visitor could easily overhear this conversation. Since the "environment of care" specific to this type of facility is an open residential environment, this disclosure of health information would be considered "incidental" and would occur within the standard operations for the established environment of care.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object for Purposes Other Than Treatment, Payment, or Health Care Operations

The State of Nebraska Health and Human Services System is permitted to make the following uses and disclosures of Individually Identifiable Health Information should circumstances warrant such uses and disclosures:

- ❖ **Required By Law:** We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- ❖ **Public Health:** We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of preventing or controlling disease, injury, or disability, or for the purposes of conducting public health surveillance, public health investigations, and public health interventions. We may also disclose your Protected Health Information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- ❖ **Communicable Diseases:** We may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ❖ **Health Oversight:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law, including audits, investigations, and inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions;

or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

- ❖ **Abuse or Neglect:** We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- ❖ **Food and Drug Administration:** We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects, or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.
- ❖ **Legal Proceedings:** We may disclose Protected Health Information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- ❖ **Law Enforcement:** We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and purposes otherwise required by law, (2) limited information requests for identification and location purposes, (3) treating victims of a crime, and (4) suspicion that death has occurred as a result of criminal conduct.
- ❖ **Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death. Protected Health Information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- ❖ **Research:** We may disclose your Protected Health Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information.
- ❖ **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- ❖ **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel for: (1) activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.
- ❖ **Workers' Compensation:** We may disclose your Protected Health Information as authorized to comply with workers compensation laws and other similar legally established programs.
- ❖ **Inmates:** We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and your physician created or received your Protected Health Information in the course of providing care to you.
- ❖ **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, et. seq.

YOUR RIGHTS

You have the following rights regarding medical information we maintain about you:

- ❖ **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing at the Site of Service, or to the State of Nebraska, Health and Human Services System, HIPAA Project Management Office at the address on the top of this Notice. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. For more information call **(402) 471-8417**.
- ❖ **Right to Amend.** If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for HHSS. To request an Amendment, your request must be made in writing at the Site of Service, or submitted to the State of Nebraska, Health and Human Services System, HIPAA Project Management Office at the address on the top right of this Notice. In addition you must provide a reason which supports your request. We may deny your request for an amendment if it is not in writing or

does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for HHSS;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

- ❖ **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing at the Site of Service, or to the State of Nebraska, Health and Human Services System, HIPAA Project Management Office address on the top of this Notice. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list to be provided to you: for example, on paper, or by e-mail.
- ❖ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you can ask that we not use or disclose information about a surgery you had performed.
- ❖ **We are not required to agree to your request for restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing at the Site of Service, or to the State of Nebraska, Health and Human Services System, HIPAA Project Management Office at the address on the top of this Notice. In your request you must tell us: (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.
- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing at the Site of Service, or to the State of Nebraska, Health and Human Services System, HIPAA Project Management Office at the address on the top right of this form. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ❖ **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <http://www.hhss.state.ne.us>. To obtain a paper copy of this notice, call (402) 471-8417 during regular working hours.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with **HHSS** or with the **Secretary of the U.S. Department of Health and Human Services**. To file a complaint with HHSS, you may contact our Privacy Contact, **HHSS HIPAA Project Management Office** at (402) 471-8417 Monday through Friday from 9:00 a.m. to 4:30 p.m., except State holidays, or hhss.hipaaoffice@hhss.state.ne.us for further information about the complaint process. To file a complaint with HHS, contact: **Secretary, Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 1-866-OCR-PRIV (627-7748), 1-866-778-4989-TTY. You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

Changes to the Notice of Information Practices

The State of Nebraska Health and Human Services System reserves the right to amend this Notice at any time in the future. Until such amendment is made, HHSS is required by law to abide by the terms of this Notice.

Acknowledgement of receipt of this notice:

_____	Date: _____
Signature of Recipient	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Personal Representative	